Clinic for the Rehabilitation of Wildlife

2026 Wildlife Conservation Summer Camp Registration Packet

Please make sure to fill out and sign every form in the packet.

You will need to fill out forms for each student individually. Even if a page does not apply to you, please write N/A and sign the bottom. The whole packet must be returned along with payment to secure your spot in the camp.

To send in the registration you can drop it off in person, send it via mail (to the address below), or scan each sheet and send it to blaster@crowclinic.org. Please do not take pictures to send it in. It makes it difficult to file the information.

Your spot is **not confirmed** until you receive a confirmation email from Brittnay Laster after registration and payment has gone through.

Deadline to Apply:

June Camps: May 21st, 2026
July Camps: June 25th, 2026

We are very excited to have your student join us!
Please make sure to read each page carefully.

If you have **questions**, contact
Brittnay Laster at blaster@crowclinic.org

To send the registration and/or Payment through the mail, please address it to: CROW Summer Camp and send it to
P.O. Box 150
Sanibel, FL 33957

Registration Form

If you have more than one child, make sure to differentiate between them.

Camper's Name:_____ **Age:**_____

Address:_____

City: _____ State: _____ Zip: _____

Parent/Guardian (1) Name:_____

Relation to Camper:_____

Preferred Phone #_____ Other Phone #_____
(Optional)

(Optional)
Parent/Guardian (2) Name:_____

Relation to Camper:_____

Preferred Phone #_____ Other Phone #_____
(Optional)

Transport:

Is the camper permitted to walk/ride a bike home (**teens only**)? Yes No

Please list all persons authorized to pick up the camper:

Name:_____ Phone # _____

Relationship to camper: _____

Name:_____ Phone # _____

Relationship to camper: _____

Name:_____ Phone # _____

Relationship to camper: _____

Completed by CROW Staff

Camp Participant Registration Form is completed and on file: Yes or No

Payment has been submitted and received: Yes or No

Tuition Form

If you have more than one child, please fill out this form for each child.

Camper Name:_____

Guardian Email for Confirmation:_____

Plover campers must be 5 years or older

Plovers (K-1st):	Royal Terns (2nd-4th):	Crows (5th-8th):
8 am - 12 pm	8 am - 3 pm	8 am - 3 pm
Camp 1: June 19th	**Camp 1:** June 8th - 11th	**Camp 1:** June 22nd - 25th
Camp 2: July 8th	**Camp 2:** July 13th - 16th	**Camp 2:** July 20th - 23rd
...	...	...
Material will be different for each day camp	**Material will be the same for both weeks**	**Material will be the same for both weeks**

Please mark the camp you are registering for.

Plovers $50

Camp 1 (June) _____

Camp 2 (July) _____

Royal Terns $300

Camp 1 (June) _____

Camp 2 (July) _____

Crows $350

Camp 1 (June) _____

Camp 2 (July) _____

Total Amount: $_____

Credit Card Information:

If paying online or via check, please skip this section.

Name on Card:_____

Card Number:_____

CVV: _____ Expiration Date:_____

_____ _____

Signature of Parent or Guardian Date

PARTICIPANT WAIVER FORM

PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in CROW programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with CROW programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there may be certain risks involved in participating in CROW programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in such program/activity against CROW, including their respective officials, officers, employees and volunteers (hereinafter collectively referred as "Parties"). I do be hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. I indemnify and hold harmless CROW, any of its employees and/or agents from any and all claims from my use of CROW property or participation in any CROW programs. I will further indemnify and "hold harmless" CROW, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of CROW's property and/or participation in CROW programs to the extent of CROW's liability under general law. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and, for myself, my heirs, assigns, and my minor child(ren)'s involvement or participation in the program as provided above.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your facsimile signature shall be substitute for and have the same legal effect as an original form signature.

_____
GUARDIAN'S SIGNATURE

_____ _____
PRINT NAME OF GUARDIAN DATE

2026 CROW Summer Camp
Minor Photo Release

Please note: The following statement is for liability purposes. Photos of campers would only be used for advertising future camps (i.e., the photos on the camp web page) and general CROW messaging (social media posts).

For valuable consideration, acknowledged to be received and sufficient, I hereby grant to **CROW staff** the irrevocable and unrestricted right to use and publish photographs of, _____ (minor child/children) in which they may be included, for social media, editorial, advertising (future camps), any other purpose, and in any manner and medium (flyers, social media posts, etc.,); to alter (photoshop) the same without restriction; and to copyright the same. I hereby release the photographer and his/her legal representatives and assigns, and **CROW**, its agents, officials, representatives, and employees, from all claims and liability relating to said photographs.

I have read the foregoing and fully understand the contents hereof. I hereby give consent and represent that I am the parent/guardian of the above-named child/children.

_____
GUARDIAN'S SIGNATURE

_____ _____
PRINT NAME OF GUARDIAN DATE

Above information is held in confidence and is never released or shared with other agencies.

Code of Conduct

The camper and parent/guardian must review code of conduct and sign this section together

If you have more than one child, please fill out this form for each child.

I, _____, will follow the rules daily including when on field trips and during special activities:
Camper's Name

CROW Code of Conduct

1. I will participate in ALL activities, and I will follow the instructions of all program staff.
2. I will not fight or verbally abuse another camper or program staff.
3. I will use appropriate language and keep my hands to myself.
4. I will be polite and conduct myself properly.
5. I will exercise vehicle safety and wear seatbelts whenever provided.
6. I will dress APPROPRIATELY (no inappropriate dress) and wear close-toed shoes.
7. I will not use my phone during camp - except when given permission.

Note: *It is summer time. Shorts and sleeveless shirts are okay as long as they are an appropriate length and size.*

_____
Participant/Camper's Signature

_____ _____
Parent/Guardian's Signature Date

Camp T-Shirt Form

Name of Camper: _____

Included in the tuition, your camper will receive one T-shirt on the first day of camp. On the last day, we will take a camp photo that you will receive a copy of.
Description: A unisex T-shirt with the CROW logo, camp name, and the year. See an image of the shirt on the CROWclinic.org website once the design is completed.

Choose the size your camper will need.
The smallest size available is the Youth Small.

Youth Sizes		Adult Sizes	
Youth S	☐	S	☐
Youth M	☐	M	☐
Youth L	☐	L	☐
Youth XL	☐	XL	☐
		2XL	☐

Previous Camp Shirt Designs (2024 and 2025)

If you are interested in an additional shirt, reach out to Brittnay Laster blaster@crowclinic.org for availability.

Note: It is not guaranteed that there will be additional shirt available for order.

Medical Forms

If you have more than one child, please fill out this form for each child.

Medical:

This section is *optional* and only used to ensure the camper's safety.

Is your child taking medication during camp? (Please Circle) YES NO No **If yes, please complete the attached: Medication Use and Administration Record**

Allergies (shared with all campers to avoid allergen exposure):_____

_____

Other Comments:_____

_____

_____

Directions: The following medical form is to be used whenever a child is to receive a medication on an "as needed" basis.

The prescribing physician must sign the attached form whenever a controlled substance is administered by camp staff (i.e., Adderall). The form does not have to be filled out if the child will administer it themselves. CROW is not responsible for self-administered medications.

The guardian signs the form to indicate their permission for camp staff to administer or store medications (over-the-counter or prescription). Form is valid for two months.

Staff will contact the primary guardian if medication is administered. Staff will complete the Medication Administration Safety Checklist (attached) and sign/initial for each dose of medication administered.

I hereby permit CROW staff to administer and/or store medication for my child,

_____
Participant's/Camper's Name

_____ _____
Guardian Signature Date

Controlled Substance Administration Completed by Physician

CONFIDENTIAL

One form PER camper

This form is to be filled out by the prescribing physician **IF** the medication is a controlled substance.

Child's Name:_____ Date of Birth:_____

Medical Conditions(s) of concern:_____

_____

When to use this medication (symptoms to watch for):_____

_____

Medication: _____

Dosage: _____ Route (ex: oral, injection, inhaler):_____

Frequency:_____

Possible Side Effects:_____

_____

Temporary program adaptations:_____

_____

When to call parent/physician regarding symptoms or failure to respond to treatment:

_____

_____

When to consider that the condition **requires urgent care**:

_____

_____

_____

Physician Signature Phone Date

For use by CROW Staff

Date	Time	Symptom	Signature	Initials	Results

CROW Staff Medication Dispersal Safety Checklist

- CROW program staff **MUST** be notified in advance of any medication the child will receive during the camp, and agrees to abide by the participant's confidentiality.
- Medication **MUST** be in the original container with pharmacy prescription label or manufacturer's label. Camp participants will be sent home if the medication is not received or packed according to the documentation received.
    - If Medication needs refrigeration it **MUST** be locked in a secure storage location.
- Pharmacy label **MUST** indicates the following:
    - Child's Name
    - Prescribing Physician, Pharmacy Name, and Phone Number
    - Medication Name, Issue Date and Expiration Date
    - Medication Dosage, Delivery Method, Duration and Frequency
- Medication contents in the designated container **MUST** be uniform.
- Expiration date on medication **MUST** be checked and verified. Expired medication will not be administered.
- Total quantity of medication is verified with the parent and **MUST** be documented.
- Delivery equipment for dosing/pouring medication **MUST** be provided:
    - For Example:
        - Liquid Medication Cup
        - Medication Dropper
- Appropriate medication form(s) **MUST** be completed by a parent and/or guardian, and all signed written orders from prescribing physician **MUST** be present (pharmacy label or written, signed directions) before student will be approved as a camp participant.
- Parental directions **MUST** be the same as those from the physician (compare label /written orders to parental authorization).
- In cases of life-saving medication where time is of the essence, particularly asthma inhalers and Epi-pen (self injectable epinephrine), participants may be allowed to carry and self disperse such medication on CROW grounds and/or at CROW functions. It is recommended that the CROW assigned staff observe proper use of the medication.

_____
SIGNATURE OF PARENT OR GUARDIAN

_____ _____
PRINT NAME OF PARENT OR GUARDIAN DATE